



HIGH POINT PARKS AND RECREATION

Y.E.S. CAMP

YOUTH EXPLORING SUMMER – 2011
FOR RISING K-5TH GRADERS

Our very special summer day camp program
is designed with your child in mind!

Sure you want your children to enjoy their summer vacation, but you also want to know they are safe and secure while having fun as they make new friends and gain new skills.

Our enrichment programs provide group and individual games and athletic activities, arts and crafts, new experiences, field trips, special events and much more! Most important, our counselors are chosen for their responsibility, energy, patience and concern for your child's welfare. Our skilled staff is professionally trained and eager to help your children meet their richest potential.



REGISTRATION

For 2010-2011 After School Members; March 21 – April 1
For 2010 Summer Day Camp Members; March 21 – April 1
Open Registration; April 4

During operational hours at all centers

Registration will be taken at the individual centers according to the registration schedule.

The first week's fee, Immunization form, and a completed application are required for registration of each Y.E.S. Camp member. Participation is limited at each facility.

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High Point Parks &
Recreation, NC



A waiting list will be taken for weeks that reach maximum enrollment.

www.highpointnc.gov/pr

ABOUT THE Y.E.S. SUMMER DAY CAMP FACILITIES...

The program also utilizes many City parks, tennis courts, softball/soccer fields, pools and playground areas.

ALLEN JAY RECREATION CENTER <u>1073 E. SPRINGFIELD ROAD</u> Phone: 883-3509 Days/Time: Monday-Friday, 7:30am-6:00 pm Grades K-5 \$65.00 per week Activity Fees Additional	MOREHEAD RECREATION CENTER <u>101 PRICE STREET</u> Phone: 883-3506 Days/Time: Monday-Friday, 7:30am-6:00 pm Grades K-5 \$65.00 per week Activity Fees Additional
DEEP RIVER RECREATION CENTER <u>1529 SKEET CLUB ROAD</u> Phone: 883-3407 Days/Time: Monday-Friday, 7:30am-6:00 pm Grades K-5 \$65.00 per week Activity Fees Additional	OAKVIEW RECREATION CENTER <u>503 JAMES ROAD</u> Phone: 883-3508 Days/Time: Monday-Friday, 7:30am-6:00pm Grades K-5 \$65.00 per week Activity Fees Additional

LUNCH: Parents are responsible for lunch and snack daily. Please do not bring food items requiring microwave heating or refrigeration. Snack machines containing crackers, chips, drinks, etc., ranging from .50 and up is available. Please bring correct change. A mid-afternoon snack is provided at all locations. Designated sites participate in a Summer Feeding Program at no cost to participants.



CLOTHING: Members should wear clothing suitable for camp activities. ***Tennis shoes are required everyday.*** Swimming shoes are accepted only on swimming days. Full one piece bathing suits and towels will be needed on swimming days (not everyday). Remember, no two-piece suits. Y.E.S. members' names should be written on all items brought to camp. Do not bring valuables such as electronic games, radios, jewelry, etc. Money should be kept on person or in a secure place. High Point Parks & Recreation will not be held responsible for lost, stolen or damaged personal items.
Cell phones are not allowed.

FEES: One week's fee for all children will be due at time of registration. Weekly fees are due on the Friday preceding the camper's attendance. When registering, be sure of the weeks that Y.E.S. members plan to attend. If you find that your child will be unable to attend during any week checked, you must notify the Y.E.S. Director in writing five business days in advance. Failure to do so will result in the regular weekly charge for your child(ren). If an emergency arises and your child(ren) will not be attending Y.E.S. as planned, you must notify the Y.E.S. Director as soon as possible. You may be required to provide proof of any such emergency in order to have that week's fee waived.

A \$5 late charge per child will be charged for every 15 minutes after the designated pickup time children remain at the Center. In the event of an emergency, a phone call to the Y.E.S. Director before 6:00pm would be appreciated. **A phone call does not eliminate the late fee.**

Car Seats/Booster Seats: North Carolina law requires all Y.E.S. campers under the age of 8 years old and who weigh less than 80 pounds to ride in an appropriate child safety seat (car/booster seat). Each Center has booster seats available for campers to use. These seats are sanitized regularly. Please assist our staff by reinforcing to your child that it is the law. Because we care for your child's safety and we respect and obey the law, no child under the age of 8 and who weighs less than 80 pounds will be transported without a car/booster seat --- **NO EXCEPTIONS!**



THE Y.E.S. APPLICATION – 2011

Please check Y.E.S. site:



<input type="checkbox"/>	ALLEN JAY RECREATION CENTER
<input type="checkbox"/>	MOREHEAD RECREATION CENTER
<input type="checkbox"/>	OAKVIEW RECREATION CENTER
<input type="checkbox"/>	DEEP RIVER RECREATION CENTER

Please check week(s) you plan to attend. Please print all information eligibly.

<input type="checkbox"/> WEEK 1: June 13 – 17	<input type="checkbox"/> WEEK 6: July 18 - 22
<input type="checkbox"/> WEEK 2: June 20 – 24	<input type="checkbox"/> WEEK 7: July 25 - 29
<input type="checkbox"/> WEEK 3: June 27 – July 1	<input type="checkbox"/> WEEK 8: August 1 - 5
<input type="checkbox"/> WEEK 4: July 5 – 8 **	<input type="checkbox"/> WEEK 9: August 8 - 12
<input type="checkbox"/> WEEK 5: July 11 - 15	<input type="checkbox"/> WEEK 10: August 15 - 19

Be sure the weeks you plan to attend are checked. You must notify the Y.E.S. Director in writing of cancellations at least five business days in advance to avoid the weekly charge per child.

**** Depending upon registration numbers, we reserve the right to combine participants to one location this week or to cancel the program for this week only. ** This will be determined by June 24.**

Member's Full Name	Birth Date	Age	School & Grade (2011-12 School Year)
Home Address	City	Zip	T-Shirt size
Mother's Name	Home Phone	Employer	Work Phone/Pager/Cell/Ext.
Father's Name	Home Phone	Employer	Work Phone/Pager/Cell/Ext.
Emergency Name (Other than Parent)	Home Phone	Work Phone/Pager/Cell	
Emergency Name (Other than Parent)	Home Phone	Work Phone/Pager/Cell	
Person(s) Authorized To Pick Up Child(ren) Other Than Parents (Please include relationship to family):			

Are there any physical/emotional conditions, special needs, medications, or any other general information about which we need to be informed? ☐ No ☐ Yes

If yes, please explain _____

Photographic Consent: ☐ I do ☐ I do not give permission to have my child appear in any media coverage approved by the High Point Parks & Recreation Department. I understand that the Facility Director, in conjunction with the Recreation Supervisor, has been given the authority to determine appropriate requests.

I have received a copy of the Y.E.S. registration packet and agree to adhere by it.

Wavier: I certify that my child(ren) is/are able to participate and hereby give my approval for the above-named Child(ren) to participate in any and all Y.E.S. activities including swimming. I assume all risks and hazards incidental to such participation including transportation to and from all activities; and as a condition of such participation, I hereby for myself and my heirs, executors and administrators, waive and release any and all rights and claims for personal injury and otherwise which I may have against the High Point Parks & Recreation Department, representatives, and successors, for any and all claims of liability. In the event of an emergency, if camp staff is unable to contact me I hereby release authorization for medical treatment.

Parent Signature/Date: _____
One Week's Fee Must Accompany Complete Y.E.S. Application

General Record and Statement of Child's Health For Admission to Child Day Care Facility - 2011

Instructions: This form is to be completed for each child at the time of enrollment in the child day care facility and maintained on file at the facility.

General information to be completed by parent or guardian only. Enrollment Date: _____

Child's Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Name of Parent or Guardian: _____

Name of Person(s) Responsible if parents are unavailable:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number(s) Home: _____ Cell: _____

Is child currently enrolled in school? ☐ Yes ☐ No

Name of Family Physician or Health Resource _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number(s): _____

(Health Information on Next Page Must Be Completed)

HEALTH INFORMATION: (COMPLETED BY PARENT OR GUARDIAN ONLY)

MY CHILD HAS THE FOLLOWING HEALTH CONDITIONS; SUCH AS ALLERGIES, ASTHMA, DIABETES, EPILEPSY, ETC., AND/OR TAKES THE FOLLOWING MEDICATIONS ON A REGULAR BASIS.

ADDITIONAL COMMENTS: _____

CERTIFICATE OF IMMUNIZATION ATTACHED: ☐ Yes ☐ No

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE _____ (Name of Child) IS IN GOOD MENTAL AND PHYSICAL HEALTH AND ABLE TO PARTICIPATE IN THE CHILD CARE PROGRAM AT _____ (Name of Facility)

SIGNATURE: _____ **DATE:** _____
PARENT(S) OR GUARDIAN(S)

SIGNATURE: _____ **DATE:** _____
DIRECTOR/OR STAFF

PARENTAL CONSENT FOR MEDICATION

To be used on an as need basis. One form for each medication.

We, the undersigned parents/guardians of the below named child, request that the medication we have delivered to the named facility be administered in the following manner:

The medication was delivered to the above named facility in the original container and was prescribed by :

Physician's name: _____

Physician's address: _____

Physician's Telephone: _____

Date Received at facility: _____

Facility: _____

Child's Name: _____

Name of medication: _____

Dosage to be given: _____

Time last dose was administered by parent: _____ am or pm (circle one)

Time medication is to be administered by staff: _____

(Be specific: Ex. Immediately following lunch, 12:00 noon, prior to outdoor activity, etc.)

Days medication is to be given: _____

Date Administered	Staff's Name	Time Medication Given	Dosage Given